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A TIME OF CHANGE

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A Leader's Guide for Group Discussions on Health Promotion

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A Time of Change:

A Leader's Guide for Group Discussions on Health Promotion

This guide is designed to help you, the teacher, peer or adult leader, conduct discussions with groups of young women 15-18 years of age. These discussions will provide participants with useful health information and help them discover a sense of personal responsibility for their health. It is assumed that the group leaders who use this guide will have a knowledge of the health topics to be discussed. A resource section is included in this guide for obtaining supplemental detailed information.

This guide can be used in conjunction with the *A Time of Change* fotonovela that has been developed on these same topics (available from the Office of Cancer Communications, NIH, Building 31, Room 4B39, Bethesda, Maryland 20205) or it can be used alone. Through use of these *A Time of Change* kit materials, you can encourage Hispanic teens to adopt the habits that will lead not only to healthier lives, but also to an enhanced sense of personal control and self-esteem.

Department of Health and Human Services
Public Health Service
National Instititutes of Health

National Cancer Institute

READEX FICHE

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1. Health Promotion...

IT'S NEVER TOO EARLY

Recognizing the need to take personal responsibility for one's own health is an important step in the transition from childhood to adulthood. Choosing to practice positive health habits can help young people look good, feel good and have more energy to do the things they want to do right now and in the future.

Health is frequently overlooked as an important or relevant topic for youth discussion -- or even consideration. On the contrary, it's never too early to take proper care of oneself, because health habits established now will influence the rest of an individual's life. Because health is a state of physical, mental, emotional and social well-being, an individual's health influences everything else in her life, and everything in her life influences her health. Recognizing these facts will enable you to understand the necessity of discussing health issues with adolescents.

This guide has been developed to assist peer and/or adult leaders in guiding discussions with groups of young women of high school age on the importance of adopting health-promoting behaviors and personal decisionmaking abilities regarding health. Developing a program to encourage the practice of health-promoting behaviors will:

- *Emphasize health as a major value in one's personal life;*
- *Motivate individuals to develop decisionmaking and problem-solving skills;*
- *Motivate the individual to seek health information and to become aware of various available resources aimed at promoting health and preventing disease;*
- *Provide sufficient information, resources and skills to enable individuals to make informed decisions and adopt health-promoting behaviors.*

The topics for discussion addressed by this guide -- breast self-examination (BSE), pelvic examinations, smoking, nutrition and prenatal care -- are the core around which other topics of interest and importance to teens can be discussed. For instance, discussion on BSE and pelvic examinations can key a more generalized discussion on adolescence, sexuality and menstruation; the topic of smoking can provide a forum for discussion of substance abuse, personal decisionmaking, peer pressure, popularity and self-image. These topics can be dealt with in a single session or in more depth in several sessions, at the discretion of the leader and the needs of the particular group. The suggestions made here about group leadership, group process and methods of imparting knowledge are applicable both to groups that meet once and to those that will be ongoing. As this is a guide and not a recipe book, adapt the material presented to suit your own leadership style, the environment in which discussions will be held and the specific needs of the group with which you will be working.

2. ...and Talking About it

a. THE GROUP

(1) Why?

The major advantage of using group discussion for imparting information is that learning is viewed as a cooperative enterprise. Communication is not only from the leader to individual members, but also moves from members back to the leader and back and forth among members. Members participate when they want to because they want to, and participants help each other develop an understanding of the material being presented. In short, a group discussion provides the opportunity to share attitudes and feelings. Since some health advice (such as having a pelvic exam or performing breast self-examination) may create feelings of anxiety or embarrassment, being able to share their feelings with other young women will help participants feel less alone, and will permit more learning to take place.

(2) Group Dynamics

To make a discussion group a successful one, encourage full participation. Every member should participate in the discussion to some degree. Members will not all participate at the same level and a rule of thumb should be to encourage participation at the level of comfort of the individual. Too large a group may inhibit discussion, and a group in which only a few members participate is not productive. Silent members, even though they may be picking something up, do not contribute to the group. If one group member is quiet most of the time, direct a nonthreatening question at her or ask for her opinion on a subject that several others have already commented on.

Above all, keep the discussion enjoyable, relaxed and lively. Bear in mind that the primary purpose of the group is to learn. However, while the material must be adequately covered, don't forget that you are dealing with a

group of young people who have anxieties to overcome and questions about their role in the group, such as:

- *Will I be accepted for whom I am?*
- *Who is in charge here?*
- *Am I willing to care?*
- *What is the objective of this group?*
- *What are the agreed-upon (either explicit or implicit) acceptable behaviors of this group?*

Try to answer these concerns at the outset by establishing your control and encouraging the ideas of all group members.

b. THE GROUP LEADER*

(1) Your Role

The role of the group leader is to facilitate discussion by introducing topics and specific information in a manner appropriate to the needs and constraints of the particular group. Therefore, the guidelines mentioned here are to be treated as such, and adapted to your own situation.

Facilitate (rather than lead) discussion. The extent to which you facilitate a group's learning, as opposed to leading it to new knowledge, depends partly on your style, partly on the amount of knowledge of the subject matter that the members bring to the group and partly upon the amount of time there is to cover the subject. A one-session meeting with 20 participants who have never heard of Pap tests or BSE will require much more leading than will several sessions with 12 more knowledgeable young women. Feel free to use audiovisual aids or bring in an outside expert to speak to your group -- the goal here is the communication of subject matter in a rapid and effective manner.

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* *Since discussion emphasis is on becoming a woman and the responsibility associated with maturation, it is preferable to have a woman lead the sessions.*

Consider the cognitive as well as the affective aspects of the topic. Preventive health information can be presented in a context of the cognitive (factual) or affective (emotional response) components. A discussion about cigarette smoking, for instance, could present cognitive information on constricted blood vessels, heart disease and lung cancer. It could also include affective aspects of the topic, such as peer pressure, "glamour" and other issues that affect a young person's decision on whether or not to smoke.

Although an understanding of the "feeling" components of these topics is essential to participants' acceptance of the cognitive information, the relative emphasis placed on the two components depends on the discussion leader and on the group's needs.

There will be times when there is only room for a discussion of factual information. At these times, it is important that the leader be prepared to lead the discussion with a lively, factual presentation, possibly aided by a film or slide/tape presentation. On the other hand, if you have several sessions with the same group, more time can be spent discussing the "why's" and "how to's" of the behavior under discussion. It is in this context that the leader can be more facilitative, employing the Decisionmaking and Healthstyle activities included in this guide to allow group members to come to their own decisions on the issues.

(2) Your Responsibilities

As the group leader, you are responsible for the success of the discussion. Sessions are more likely to work if you convey:

- *Warmth, sensitivity and openness.*
- *Comfort in a group setting.*
- *The ability to listen to what is said (the content) while simultaneously aware of what is happening in the group (the process).*
- *A high enough level of self-esteem and self-comfort to be able to:*

  - *Model these attributes for the group members;*

- *Handle group emotions in a positive manner without feeling personally threatened;*
- *Relieve the anxieties of the group members about the subject matter;*
- *Be straightforward and matter-of-fact when answering the questions about sexuality that are likely to arise in a discussion of pelvic exams, breast self-examination;*
- *Say "I don't know" when you don't (and be willing to find out).*

- *A sense of humor.*
- *Patience and flexibility.*

To facilitate discussion, remember to:

- *Establish a helpful and receptive climate by:*
  - *Arranging the room beforehand,*
  - *Helping members become acquainted,*
  - *Being informal,*
  - *Listening attentively,*
  - *Being nonjudgmental.*
- *Introduce the topic and promote discussion without dominating it.*
- *Be a resource expert. Know the subject matter and materials better than the group members.*
- *Keep the learning focused and the group on the subject.*
- *Model the behaviors that the group is expected to assume.*
- *Observe group processes; encourage silent members to speak and overly talkative members to give up the floor.*

C. THE GROUP GOALS

The goals of the discussion groups are fairly simple. The primary goal is to provide the basic health information that is useful to female teenagers and help them consider ways to incorporate this information in their daily lives. Participants should come away from these discussions with a heightened sense of personal responsibility for their own health and an awareness of specific healthful habits such as monthly breast self-examina-

tions, regular pelvic exams and Pap tests, the adoption of nutritious eating habits and abstention from smoking.

Adopting those health habits is ultimately up to the young people themselves. Success is more probable, however, if certain objectives are established for the group sessions. These objectives include:

- *Provision of timely, relevant and factual information about good health habits, presented in a manner that is truly meaningful to the participants.*
- *Provision of information about pelvic exams and Pap tests, breast self-examination, prenatal care and smoking, including their positive or negative health effects.*
- *The learning of decisionmaking theory and the practice of decisionmaking skills.*
- *The creation of awareness among group members of their power and control over their personal decisions.*
- *Provision of an opportunity to explore and discuss feelings and attitudes about health practices and how these fit in with personal values, religious beliefs, family background, future plans, etc.*

Other issues that need attention include alcohol and drug use, dental care, regular exercise, etc. Discussion of these issues is best achieved within the context of the totality of participants' lives and not as isolated topics. In this way, participants will be better able to relate to the subject at hand. Topics will not be theoretical or academic, but rather real experiences affecting their own, or their friends', lives. Thus, your group discussions may -- and should -- range far beyond the general issues addressed here. After all, the overriding aim is to encourage a sense of personal responsibility, health promotion and good health habits among young women.

d. THE GROUP PROCESS

The following presents a step-by-step approach to conducting a group discussion on health habits for teenagers. (A sample discussion topic outline follows this section, beginning on page 19.)

Step-by-Step Approach to Group Discussion

1. *Determine and research subjects to be covered in session(s).*
2. *Establish a time and place.*
3. *Prepare the room prior to the session.*
4. *Introduce yourself and the topic.*
5. *Discuss and establish group "norms."*
6. *Have members introduce themselves to each other.*
7. *Begin discussion of the content.*
8. *Keep the conversation going.*
9. *Get the point across.*
10. *Know when and how to close.*

(1) Determine and research subjects to be covered in session(s).

1

The first thing you will want to do after deciding to conduct a health promotion discussion group is to learn as much about the subject matter as you can. Refer to the resource list at the end of this guide for basic information and suggestions for further research. In addition, many local chapters of voluntary health organizations can provide speakers to discuss their particular health specialty. They will probably also have pamphlets to distribute, as well as flip charts and models for audiovisual aids. **Know your topic** -- misinformation is as bad, or worse, than no information at all.

(2) Establish a time and place.

2

Participants can be drawn from a variety of sources, including school or extracurricular groups. Publicize the session well in advance, posting notices and sign-up sheets near where young women are likely to congregate (e.g., classroom bulletin boards, local community centers, churches, etc.).

Check around with the individuals who will be in your group to find out convenient times and places to meet. Keep the group size manageable: 7 to 12 participants is best. Make sure the setting is as informal and comfortable as possible, as well as accessible to the participants by whatever mode of transportation is available to them. Although one session is adequate to cover the material, if members exhibit an interest in discussing other health-related topics, more sessions can be planned.

(3) Prepare the room prior to the session.

3

It is good to have refreshments, if only because most young people like to eat. Since the theme is health promotion, the snacks should be nutritious ones, such as fruits and juices. The atmosphere should be warm, informal and hospitable. The most effective setting for a group is a small or medium-sized room with comfortable chairs, cushions or rugs, so that participants can sit or stretch out. Group members should be encouraged to sit in a circle, since this arrangement provides easier verbal and nonverbal communication and offers an atmosphere of inclusion.

(4) Introduce yourself and the topic.

Introduce yourself by the name you want to be called. Briefly introduce the topic and talk about learning goals and tasks, meeting dates, starting and stopping times, etc. It is all right for you, the leader, to bring these topics up, but it is important that the group as a whole discuss and agree to them. The discussion of such things will give the group a feeling of "ownership" and investment.

(5) Discuss and establish group "norms."

You might want to introduce one or two "norms," such as confidentiality and total group participation, then ask the group members if there are any other "norms" that they would like established. Examples of "norms" include:

- *no smoking,*
- *allowing everyone to have chance to talk,*
- *no raising hands,*
- *not interrupting.*

When these have been established, they should be stated and briefly discussed so all members are aware of the group's ground rules.

(6) Have members introduce themselves to each other.

After you have introduced the topic, mentioned the goals and established the norms (all of which should take from 5 to 7 minutes), you should spend the next five minutes getting the group settled with the topic and with each other. Even in groups where members know each other from other settings a period of warming up, where each member has a chance to say something in a nonthreatening situation, is important to feelings of inclusion and further participation. A fairly nonthreatening way to do this might be accomplished by asking each person to say her name and, in one or two sentences, describe something she does to stay healthy. Another icebreaker for the group might be to administer and discuss "Healthstyle, a Self-Test."*

* *"Healthstyle, a Self-Test" appears in reproducible form following this page. You are encouraged to make copies to distribute to your group.*

healthstyle *a self-test*

All of us want good health. But many of us do not know how to be as healthy as possible. Health experts now describe *lifestyle* as one of the most important factors affecting health. In fact, it is estimated that as many as seven of the ten leading causes of death could be reduced through common-sense changes in lifestyle. That's what this brief test, developed by the Public Health Service, is all about. Its purpose is simply to tell you how well you are doing to stay healthy. The behaviors covered in the test are recommended for most Americans. Some of them may not apply to persons with certain chronic diseases or handicaps, or to pregnant women. Such persons may require special instructions from their physicians.

Cigarette Smoking

If you never smoke, enter a score of 10 for this section and go to the next section on *Alcohol and Drugs*.

	Almost Always	Sometimes	Almost Never
1. I avoid smoking cigarettes.	2	1	0
2. I smoke only low tar and nicotine cigarettes *or* I smoke a pipe or cigars.	2	1	0

Smoking Score:_____

Alcohol and Drugs

	Almost Always	Sometimes	Almost Never
1. I avoid drinking alcoholic beverages *or* I drink no more than 1 or 2 drinks a day.	4	1	0
2. I avoid using alcohol or other drugs (especially illegal drugs) as a way of handling stressful situations or the problems in my life.	2	1	0
3. I am careful not to drink alcohol when taking certain medicines (for example, medicine for sleeping, pain, colds, and allergies), or when pregnant.	2	1	0
4. I read and follow the label directions when using prescribed and over-the-counter drugs.	2	1	0

Alcohol and Drugs Score:_____

Eating Habits

	Almost Always	Sometimes	Almost Never
1. I eat a variety of foods each day, such as fruits and vegetables, whole grain breads and cereals, lean meats, dairy products, dry peas and beans, and nuts and seeds.	4	1	0
2. I limit the amount of fat, saturated fat, and cholesterol I eat (including fat on meats, eggs, butter, cream, shortenings, and organ meats such as liver).	2	1	0
3. I limit the amount of salt I eat by cooking with only small amounts, not adding salt at the table, and avoiding salty snacks.	2	1	0
4. I avoid eating too much sugar (especially frequent snacks of sticky candy or soft drinks).	2	1	0

Eating Habits Score:_____

Exercise/Fitness

	Almost Always	Sometimes	Almost Never
1. I maintain a desired weight, avoiding overweight and underweight.	3	1	0
2. I do vigorous exercises for 15-30 minutes at least 3 times a week (examples include running, swimming, brisk walking).	3	1	0
3. I do exercises that enhance my muscle tone for 15-30 minutes at least 3 times a week (examples include yoga and calisthenics).	2	1	0
4. I use part of my leisure time participating in individual, family, or team activities that increase my level of fitness (such as gardening, bowling, golf, and baseball).	2	1	0

Exercise/Fitness Score:_____

Stress Control

1. I have a job or do other work that I enjoy.	2	1	0
2. I find it easy to relax and express my feelings freely.	2	1	0
3. I recognize early, and prepare for, events or situations likely to be stressful for me.	2	1	0
4. I have close friends, relatives, or others whom I can talk to about personal matters and call on for help when needed.	2	1	0
5. I participate in group activities (such as church and community organizations) or hobbies that I enjoy.	2	1	0

Stress Control Score:_____

Safety

1. I wear a seat belt while riding in a car.	2	1	0
2. I avoid driving while under the influence of alcohol and other drugs.	2	1	0
3. I obey traffic rules and the speed limit when driving.	2	1	0
4. I am careful when using potentially harmful products or substances (such as household cleaners, poisons, and electrical devices).	2	1	0
5. I avoid smoking in bed.	2	1	0

Safety Score:_____

What Your Scores Mean to YOU

Scores of 9 and 10

Excellent! Your answers show that you are aware of the importance of this area to your health. More important, you are putting your knowledge to work for you by practicing good health habits. As long as you continue to do so, this area should not pose a serious health risk. It's likely that you are setting an example for your family and friends to follow. Since you got a very high test score on this part of the test, you may want to consider other areas where your scores indicate room for improvement.

Scores of 6 to 8

Your health practices in this area are good, but there is room for improvement. Look again at the items you answered with a "Sometimes" or "Almost Never." What changes can you make to improve your score? Even a small change can often help you achieve better health.

Scores of 3 to 5

Your health risks are showing! Would you like more information about the risks you are facing and about why it is important for you to change these behaviors. Perhaps you need help in deciding how to successfully make the changes you desire. In either case, help is available.

Scores of 0 to 2

Obviously, you were concerned enough about your health to take the test, but your answers show that you may be taking serious and unnecessary risks with your health. Perhaps you are not aware of the risks and what to do about them. You can easily get the information and help you need to improve, if you wish. The next step is up to you.

YOU Can Start Right Now!

In the test you just completed were numerous suggestions to help you reduce your risk of disease and premature death. Here are some of the most significant:

Avoid cigarettes. Cigarette smoking is the single most important preventable cause of illness and early death. It is especially risky for pregnant women and their unborn babies. Persons who stop smoking reduce their risk of getting heart disease and cancer. So if you're a cigarette smoker, think twice about lighting that next cigarette. If you choose to continue smoking, try decreasing the number of cigarettes you smoke and switching to a low tar and nicotine brand.

Follow sensible drinking habits. Alcohol produces changes in mood and behavior. Most people who drink are able to control their intake of alcohol and to avoid undesired, and often harmful, effects. Heavy, regular use of alcohol can lead to cirrhosis of the liver, a leading cause of death. Also, statistics clearly show that mixing drinking and driving is often the cause of fatal or crippling accidents. So if you drink, do it wisely and in moderation. ***Use care in taking drugs.*** Today's greater use of drugs—both legal and illegal—is one of our most serious health risks. Even some drugs prescribed by your doctor can be dangerous if taken when drinking alcohol or before driving. Excessive or continued use of tranquilizers (or "pep pills") can cause physical and mental problems. Using or experimenting with illicit drugs such as marijuana, heroin, cocaine, and PCP may lead to a number of damaging effects or even death.

Eat sensibly. Overweight individuals are at greater risk for diabetes, gall bladder disease, and high blood pressure. So it makes good sense to maintain proper weight. But good eating habits also mean holding down the amount of fat (especially saturated fat), cholesterol, sugar and salt in your diet. If you must snack, try nibbling on fresh fruits and vegetables. You'll feel better—and look better, too.

Exercise regularly. Almost everyone can benefit from exercise—and there's some form of exercise almost everyone can do. (If you have any doubt, check first with your doctor.) Usually, as little as 15-30 minutes of vigorous exercise three times a week will help you have a healthier heart, eliminate excess weight, tone up sagging muscles, and sleep better. Think how much difference all these improvements could make in the way you feel!

Learn to handle stress. Stress is a normal part of living; everyone faces it to some degree. The causes of stress can be good or bad, desirable or undesirable (such as a promotion on the job or the loss of a spouse). Properly handled, stress need not be a problem. But unhealthy responses to stress—such as driving too fast or erratically, drinking too much, or prolonged anger or grief—can cause a variety of physical and mental problems. Even on a very busy day, find a few minutes to slow down and relax. Talking over a problem with someone you trust can often help you find a satisfactory solution. Learn to distinguish between things that are "worth fighting about" and things that are less important.

Be safety conscious. Think "safety first" at home, at work, at school, at play, and on the highway. Buckle seat belts and obey traffic rules. Keep poisons and weapons out of the reach of children, and keep emergency numbers by your telephone. When the unexpected happens, you'll be prepared.

Where Do You Go From Here:

Start by asking yourself a few frank questions: *Am I really doing all I can to be as healthy as possible? What steps can I take to feel better? Am I willing to begin now?* If you scored low in one or more *sections* of the test, decide what changes you want to make for improvement. You might pick that aspect of your lifestyle where you feel you have the best chance for success and tackle that one first. Once you have improved your score there, go on to other areas.

If you already have tried to change your health habits (to stop smoking or exercise regularly, for example),don't be discouraged if you haven't yet succeeded. The difficulty you have encountered may be due to influences you've never really thought about—such as advertising—or to a lack of support and encouragement. Understanding these influences is an important step toward changing the way they affect you.

There's Help Available. In addition to personal actions you can take on your own, there are community programs and groups (such as the YMCA or the local chapter of the American Heart Association) that can assist you and your family to make the changes you want to make. If you want to know more about these groups or about health risks, contact your local health department or mail in the coupon on the right. There's a lot you can do to stay healthy or to improve your health—and there are organizations that can help you. Start a new HEALTHSTYLE today!

For more information, place a check ☑ beside the topic(s) of interest to you.

☐ Smoking ☐ Nutrition ☐ Safety
☐ Alcohol ☐ Exercise
☐ Drugs ☐ Stress

Name _____
Street _____
City _____ State _____ Zip _____

Clip this portion and send to:
National Health Information Clearinghouse
P.O. Box 1133
Washington, D.C. 20013

(7) Begin discussion of the content.

If the group is going to be meeting for a few sessions, you have the luxury of slowly drawing the content out of the group or weaving it in and through the discussions that they themselves initiate. You can begin by asking them to expand on one or two things mentioned in their introductory remarks or in the discussion of "Healthstyle, a Self-Test."

If your time is limited, you may have to start out by presenting a brief lecture to give them some cognitive information and focus the discussion more narrowly. This sometimes stifles discussion, however, and should be used judiciously.

General Content. Keep in mind that while the major areas for discussion are the specific health-promoting behaviors of breast self-examination, regular pelvic exams and nonsmoking, the overall context within which these are to be discussed is that of personal responsibility for one's health and the practice of health-promoting behaviors in general. The discussion may stray from the specific subjects from time to time, and this is all right. You will want to take advantage of these departures to bring up other things, such as nutrition, general hygiene, proper sleep, prenatal care, etc. Be prepared to provide insight and factual information regarding these subjects.

Sex. Another subject that may come up in the natural flow of conversation on these topics is sex and sexual activity. When it does, treat it as honestly and calmly as you would the other subjects of conversation. Many young women may experience conflict with regard to their sexuality and sexual behavior. Therefore, in this area more than in the others, it is important to allow them freedom to explore their attitudes. For your part, you must not put down anyone's opinion or feelings, be judgmental or moralize. Remember, there is no such thing as a correct or incorrect attitude. There is, however, correct and incorrect factual information. Therefore, if the discussion comes around to issues of sexuality, allow discussion, be supportive of everyone's opinion, offer factual information and do not impose your values.

Tone and Approach. A good approach for discussing these topics and making them relevant is to emphasize the importance of health with regard to appearance, attitude and outlook. Tie healthful habits in with the participants' own lifestyles. Use specific examples that say something to the participants such as the fact that smoking is not only bad for you but also causes your clothes and hair to smell, etc. An effective way to link health habits with members' own lives is through the overall context of personal responsibility and decisionmaking. In the context of health, a young woman has to make conscious **decisions** to take action (BSE, good nutrition) or to refrain from acting (smoking) to stay healthy. Personal decisionmaking is thus very important. Participants should thus become familiar with the process of decisionmaking. They should recognize the need for complete and unbiased information in order to best make decisions.

7

The use of the decisionmaking exercises following this page, or similar ones which you can make up, will allow participants to view making decisions (especially about health) as conscious acts over which they have control.

(8) Keep the conversation going.

There are several points to keep in mind to help stimulate discussion and maintain group cohesion:

8

- *Be prepared with stimulating questions or comments to start the discussion, keep it going or move it in another direction.*
- *Encourage silent members to participate, e.g., "Maria, you look like you disagree with what Lupe has just said."*
- *Discourage talkative members from dominating, e.g., "Yes, that is one way of looking at it, Sylvia. Does anyone else have an idea?"*
- *Ask open-ended questions, as opposed to those that can be answered with "yes" or "no."*
- *Use charts, models, pictures, etc.*
- *Avoid directing questions about knowledge of the subject to individuals.*
- *Use hypothetical situations. Present descriptions about a fictional situation and ask the group what they would do in that situation.*
- *Do not belittle anyone's opinions, attitudes or knowledge.*

DECISIONMAKING ACTIVITY*

Procedure:

1. *Present the following situation to the group: Your parents have said that at age 18 you can smoke if you want. You have turned 13. What will you do?*

2. *Go around the room asking participants to share their responses.*

3. *Ask participants to share how they decided and write their responses on either a blackboard or a large piece of paper which all can see.*

4. *Using this list, develop with the group the decisionmaking model as follows:*

   a. *Identifying/defining the problem or situation.*
   b. *Considering all alternatives.*
   c. *Considering the consequences of each alternative.*
   d. *Considering family and personal values.*
   e. *Choosing one alternative.*
   f. *Implementing the decision.*

5. *Use the "Steps in the Decisionmaking Process" handout to stress the following points.*

   a. *Emphasize the importance of utilizing values, morals and goals as a basis of decisionmaking.*

   b. *Stress the importance of considering parents' and other significant others' feelings and the impact of those feelings on relationships when making decisions.*

   c. *Encourage participants to talk with their parents whenever possible about important decisions.*

6. *The decisionmaking model and concept can be reinforced by using other examples relevant to group members' age and interests.*

* *Adapted from the Family Life Education Program Development Project (Wagner, Cooper and Todd).*

STEPS IN THE DECISIONMAKING PROCESS*

This step-by-step guide to decisionmaking provides a process that you can use to help yourself in solving problems or making decisions. It can be used for most situations in life, including decisions about personal health.

1. ***Define the Problem.*** *State exactly what the problem is or the situation around which a decision needs to be made.*

2. ***Consider All Alternatives.*** *List all possible ways to resolve the problem or possible decisions that could be made. Information may need to be gathered so all alternatives can be considered. You may wish to consult with others to make sure you haven't overlooked any.*

3. ***Consider the Consequences of Each Alternative.*** *List all the possible outcomes -- both positive and negative -- for each alternative or each course of action that could be taken. It is important to have correct and full information.*

4. ***Consider Family and Personal Values.*** *Values include: (1) beliefs about how we should act or behave; and (2) the personal and family rules we live by and believe are important (e.g., beliefs about honesty, loyalty, whether it's alright to smoke or drink). Most of our values come from the training we receive at home. Other values come from our friends and society. Consider whether each alternative is consistent with your personal and family values.*

   Our decisions affect many people who are important to us; e.g., parents, siblings, peers, etc. The effect of each alternative on others should be considered in making a decision.

5. ***Choose One Alternative.*** *After carefully considering each alternative, choose the alternative that is most appropriate based on your knowledge, values, morals, religious upbringing, present and future goals and the effect of the decision on significant others. You may wish to talk to your parents and/or clergyman for personal religious or moral decisions.*

6. ***Implement the Decision.*** *Do what is necessary to have the decision carried out the way you want it to be. It may be necessary to develop a step-by-step program with a time table to make sure things get done.*

* *Adapted from the Family Life Education Program Development Project (Wagner, Cooper and Todd).*

LOOKING AT ALTERNATIVES*

A common error in decisionmaking is in making decisions before all alternatives are explored. Through this activity, participants can develop their ability to look at and be aware of alternatives.

Procedure

1. *Divide group into triads. Give each triad two situations to discuss.*
2. *Ask the group to write down all the possible alternatives they can think of for each situation.*
3. *After 10 minutes post the lists. Allow time for members to read each other's lists, comment and ask questions.*
4. *Discuss advantages/disadvantages of consulting with others when making decisions.*
5. *Discuss appropriateness of this activity for making decisions.*

Examples of Situations

1. *Ways to say no to friends who want you to do something you feel will get you into trouble.*
2. *You have $3.50 to spend for lunch. You can get a hamburger, coke and fries or soup and salad. How do you decide?*
3. *What to do if someone offers you a cigarette.*
4. *Ways to make yourself popular with your peers.*
5. *Ways to handle rejection.*
6. *Ways to find a job.*
7. *How to make time for regular exercise.*
8. *Ways to deal with someone you don't like.*

* *From Lynn Anne DeSpelder and Nathalie Prettyman, A Guidebook for Teaching Family Living. Copyright©1980 by Allyn and Bacon, Inc., Boston.*

- *Pay attention to both verbal and nonverbal feedback (fidgeting, nervousness, boredom) and change direction if you must.*
- *Do not correct grammar or language. This is especially true when the group may be using slang terms for genitalia or breasts. You can provide the "correct" terms in a casual manner as you go along.*
- *Avoid moralizing and go easy on giving advice.*
- *Use the techniques of paraphrasing and summarizing to bring together common experiences and to close out discussion on a topic.*
- *Be aware of your own values and feelings and do not impose them on the group.*

(9) <u>Get the point across</u>.

Discussion of the issues and feelings surrounding BSE, pelvic exams and healthful lifestyles is important. It is also important that some cognitive information be imparted. We have mentioned that the ideal way to do this is to let the flow of group discussion dictate when and how factual information gets imparted. Nevertheless, it is your responsibility to see that it does come out. Salient points which should be covered during the group discussion appear as boldfaced items in the "Facts for Discussion" section of this guide.

The major point to stress in these health issues discussions is that cancer and other illnesses are not inevitable and, if cancer does develop, it is not always fatal. Each individual has it within her power to minimize the risks of developing cancer and other diseases through the practice of health habits and through an understanding of her body. It is up to the individual to take the action and to make the decisions about her lifestyle that will maximize her health.

(10) <u>Know when and how to close.</u>

Frequently, discussion group sessions are abruptly closed to the sound of scuffling chairs and shuffling feet. This is not the best way; key issues should first be summarized. Be aware of time, and leave yourself from 3 to 5 minutes to close. Be aware of a natural closing opportunity if it arises. Do not be afraid to quit too soon: if there is nothing left to say, don't force it.

10

A good way to close the session is to ask the group to list what they remember as the key points in the discussion, and then you can summarize these points. Following the summary, briefly set the time and place for the next session. If you are doing only one session, thank group members for their participation and elicit, in an informal manner, suggestions for improvement.

e. SAMPLE DISCUSSION OUTLINE

The following is a sample outline describing how to conduct your discussion group. The example assumes that your group will be meeting for 2 hours on a single topic, breast self-examination. Adapt this outline to suit your own discussion topics and time constraints.

TOPIC: *Breast Self-Examination* **TIME:** *2 hours*

1. ***Introduce yourself and the topic.*** ***(2 minutes)***

   - *LEAD-IN: "My name is _____, and we'll be meeting today for the next 2 hours."*

   - *LEAD-IN: "We'll be talking today about the sorts of things you do -- and could do -- to stay healthy. This is a chance for you to express your thoughts and feelings. This isn't a test, so feel free to be honest and open."*

2. ***Discuss and establish group norms.*** ***(5 minutes)***

   - *LEAD-IN: "Before we get started, let's set a few ground rules about our discussion. I think it would be a good idea if we didn't raise hands -- that will make it seem too much like school, don't you think? Everyone will get a chance to talk. Also, let's make this a non-smoking session. Are there any other "rules" you would like to suggest for our meeting?"*

     - *Encourage group response. Stress the importance of total participation by all members, confidentiality, etc.*

3. ***Have members introduce themselves to each other.*** ***(10 minutes)***

   - *LEAD-IN: "Let's start by introducing ourselves. Why don't we go around the room and have each of you say your name and briefly describe something you do to stay healthy."*

- *You might wish to administer "Healthstyle, a Self-Test" at this point, depending on time available.*

- *Probe the group on why they do what they do.*

- *Probe the group on any other health actions they can think of.*

4. *Begin discussion of the content.*

- *LEAD-IN: "You've all mentioned some health habits, but have any of you ever heard of breast self-examination?"*

  - *Probe the group on the following points guiding the discussion from point to point.*

    a. Why do you think it's important to do BSE?

    b. How often should it be done?

    c. Why should you do BSE every month?

    d. How can you remember to do BSE?

5. *Keep the conversation going.* ***(1 1/2 hours)***

- *Provide information on BSE, using the information in the following section as a basis and supplementing with the BSE references in the Resource section. Discuss how to do it; when is the best time to do it; ways to remember to do it.*

- *Supplement discussion with audiovisual aids, including the illustration on page 22 on how to do BSE; when is the best time to do it; ways to remember to do it.*

- *Have someone come in to demonstrate how to do BSE (such as the school nurse, health professional, etc.).*

6. *Know when and how to close.* ***(5 to 10 minutes)***

- *"Before we close, let's go over the major points we've discussed. Are there any questions? Thank you for coming. I've enjoyed talking with you."*

3. Facts for Discussion

The following information has been gathered to provide you with some facts, primarily about BSE and pelvic exams. Also included is some brief information on other topics that may come up during the sessions. These topics include:

- *Smoking*
- *Drug Abuse*
- *Nutrition*
- *Exercise*
- *Pregnancy and Prenatal Care*

The information on these latter topics is very brief and is not intended to be thorough. Throughout, boldfaced items represent the most important points to get across to participants. Because your discussions will range from these general topics to other subjects of concern to teens (e.g., sex, popularity, growing up, menstruation, acne -- all the physical and emotional issues associated with adolescence -- we strongly recommend that you come to your session well-versed in these issues and/or familiar with places to go for more information. To assist you, we have compiled an annotated Resource section.

a. BREAST SELF-EXAM*

Breast cancer is the number one cancer killer of American women. It doesn't have to be. When found early and treated promptly, breast cancers have the best chance for cure.

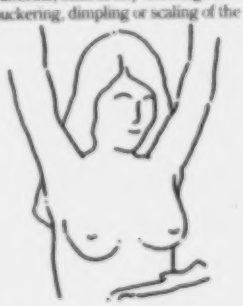
No one knows exactly what causes breast cancer, but it is known that breast cancer is most treatable and curable when the tumor is small. Also, treatment may be more limited if the cancer is found when it is confined to a small area of the breast. For these reasons, cancer research scientists have

* *See BSE instructions following this page. You are encouraged to hand out copies of these illustrations to your group.*

BREAST SELF-EXAM

Here is how to do BSE:

1. Stand before a mirror. Inspect both breasts for anything unusual, such as any discharge from the nipples, puckering, dimpling or scaling of the skin.



The next two steps are designed to emphasize any change in the shape or contour of your breasts. As you do them you should be able to feel your chest muscles tighten.

2. Watching closely in the mirror, clasp hands behind your head and press hands forward.

3. Next, press hands firmly on hips and bow slightly toward your mirror as you pull your shoulders and elbows forward.

Some women do the next part of the exam in the shower. Fingers glide over soapy skin, making it easy to concentrate on the texture underneath.

4. Raise your left arm, use three or four fingers of your right hand to explore your left breast firmly, carefully, and thoroughly. Beginning at the outer edge, press the flat part of your fingers in small circles, moving the circles slowly around the breast. Gradually work toward the nipple. Be sure to cover the entire breast. Pay special attention to the area between the breast and the armpit, including the armpit itself. Feel for any unusual lump or mass under the skin.

5. Gently squeeze the nipple and look for a discharge. Repeat the exam on your right breast.

6. Other women do steps 4 and 5 lying down. If you wish to, lie flat on your back, left arm over your head and a pillow or folded towel under your left shoulder. This position flattens the breast and makes it easier to examine. Use the same circular motion described earlier. Repeat on your right breast.

You might want to try both positions—standing or lying down—to see which is more comfortable for you. However, the most important choice is the decision to do breast self-examination each month.

long looked for methods of detecting or finding breast cancer early in its growth before it has had a chance to spread to other parts of the body.

Two breast examination methods are recommended for all women. One method is breast self-examination, performed by the woman herself. **BSE is a very simple way to know how one's breasts normally feel.** The other method is physical examination by a physician.

When first beginning to do breast self-examination, it should be done very frequently (possibly every few days). In this way, a woman can learn the characteristics of her breasts over the course of a month or two, in all phases of the menstrual cycle. When familiar with the technique, **women should inspect their breasts for lumps or anything unusual every month, about 3 days after the start of the menstrual period.** This is when they are least swollen and easiest to examine. Breasts should be examined on this day every month. In addition, women should see their doctor periodically. However, since breast cancers can start and develop within a very short period of time, personal monthly examination is still the best defense. Not all swellings or changes are cancerous. In fact, most are **not**.

- *Many factors may affect the shape or size of breasts. Changes in the monthly menstrual cycle, childbirth or breastfeeding will also cause changes in the breasts. Age, weight, methods of birth control or even nutrition may cause swelling or temporary lumps. Many lumps are normal, and just as they appear, they may disappear without a trace.*

- *If the breasts are larger than average, a woman may feel a thickening underneath, in the shape of a half-moon. This is normal supportive tissue developed by the body. A physician should be consulted if there are any questions.*

- ***Even lumps that are true lumps are usually not malignant. Eighty percent of all breast biopsies (diagnostic examination of living tissue) prove benign (not cancerous).*** *Many women develop one of a variety of noncancerous breast conditions which, as a group, are referred to as "benign fibrocystic disease." If a woman has one of these conditions, lumps or nodules are "normal" for her, but this should be determined by a doctor.*

- ***BSE should begin in the teens and continue throughout a woman's life.*** *While cystic mastitis (lumps on the breast) is rare and cancer even rarer in these early years, they do sometimes occur. The important*

thing, however, is not so much looking for cancer as getting into the habit and knowing one's own breasts as well as possible by examining them regularly.

A doctor or nurse can show women how to do BSE and will examine the breasts at the time of the pelvic exam. However, the frequency of the breast examination depends on a variety of factors. A physician may recommend a yearly schedule for some women, more frequent or fewer visits for others. If a physician does not perform a breast examination routinely, a woman should ask for one. **If a woman detects anything abnormal or unusual, she should see a doctor immediately.**

During the exam the physician feels the breast and armpit with the fingers, checking for lumps very much as BSE is performed. This technique is called palpation. The doctor also checks appearance for dimpling, scaling or puckering of the skin, a secretion from the nipples or other deviations from the norm. These are all signs that further examination is necessary.

Additional exams are known as diagnostic tests. They are used to diagnose or explain the meaning of an unusual sign or symptom that has been detected or found by screening.

b. PELVIC EXAMS & PAP TESTS

Having a pelvic examination regularly, even though there are no problems or symptoms, is the best way to guard against many diseases, among them cervical cancer. **All women who are over 18 years of age or who are sexually active should have regular pelvic examinations and Pap tests.** By so doing, they can be sure their bodies are normal and healthy.

Pelvic exams ensure that there are no problems related to a woman's reproductive system. Pap tests are part of the whole pelvic exam and are used to detect cervical cancer. During a pelvic examination, the doctor first feels the pelvic area. The doctor then inserts a speculum (an instrument that holds the vagina open and makes it possible to view the vagina and the cervix) into the vagina so that he/she can see the upper portion of the vagina and the opening of the cervix.

Next, the doctor performs a Pap test by gently rotating a wooden or plastic spatula over the surface of the cervix to scrape away a thin layer of cervical cells; the cells are then spread across a glass slide. An additional sample of cells may be collected from the vagina as well. There is no pain or particular physical sensation associated with the Pap test. It is then determined whether the cells appear normal or abnormal and, if abnormal, to what degree.

Vaginal infection or a low estrogen level is sometimes evident from a Pap test as well. **The Pap test is used for detecting cancer of the cervix, not for cancers of the uterus, ovary or vagina. When detected early, cervical cancer is highly curable. An abnormal Pap test is not proof of cervical cancer** or a precancerous condition. Other tests are required for a definite diagnosis.

C. SMOKING

Smoking continues to be the single most preventable cause of death and disease today. There is a clear link between smoking, heart disease, various cancers and numerous other health problems. In addition, pregnant women who smoke face the risk of delivering a low birth weight baby.

Many young people think they don't have to worry, that they're too young to be concerned about the consequences of smoking. They're wrong. The younger a person is when they start smoking, the greater the risk, since the health hazards of smoking are cumulative. On the other hand, the younger the smoker, the easier it is to quit.

Ninety percent of junior and senior high schoolers do not smoke. Smoking, however, still appeals to many young people as a way to look "cool" or more adult. Needless to say, smoking does not convey these qualities. It is an unattractive habit, with an odor that lingers in the smoker's hands, clothes and hair. Further, over time, **smoking ruins the wind and stamina, prohibiting a person from keeping up a healthy and active life.**

Smokers and potential smokers must ask themselves if their habit is really worth the consequences. Once this issue has been honestly addressed, abstention can become much easier. Many people don't even find the quitting itself very difficult, once they have made up their minds. Thirty million women and men have been able to do it. Some tips on quitting include:

1. *List the reasons for and against smoking.*
2. *Change to a low tar, low nicotine brand.*
3. *Select a date to quit.*
4. *Chart smoking habits for 2 weeks; how many cigarettes, when, which is the most and least important.*
5. *Each night, repeat at least 10 times one of the reasons for not smoking.*
6. *Eliminate one cigarette from the routine each day: the most or least desired.*
7. *Quit on the day selected. Keep busy; go to the movies, exercise, take long walks. Use substitutes, sip water, chew gum, eat raisins or carrots; chew a clove.*

d. DRUG ABUSE

Many young people today are faced with tough decisions about using drugs and alcohol. It may seem that drugs are everywhere and that everyone is experimenting. Deciding whether or not to use drugs can be very confusing, so **it's important to know as much as possible about what the different drugs are and their effects.** (See "Resources" for obtaining information on substance abuse.)

Often, people think that drugs will solve their problems, relieve pressures or provide entertainment, but **drugs cannot provide answers to the problems that we face;** they only postpone them and make them harder to handle later on. Using drugs to relax or escape from problems or to be part of the crowd is a sign that young people need to find better and healthier ways to spend their free time and handle their problems.

e. NUTRITION

Eating the right kinds of foods in wise amounts can supply the energy and stamina young people need to keep up with an active life and to supply the nutrients to keep them healthy. Some things they can do include:

- ***Eating a variety of foods*** *-- something from each of the four food groups daily: vegetables and fruits; breads and cereals; milk, cheese and yogurt; meat, poultry, fish and beans.*
- *Increasing the fiber in their diet by eating fresh fruits and vegetables.*
- *Avoiding "seconds," and eating smaller portions at meals.*
- *Drinking fewer soft drinks, and instead drinking unsweetened fruit juices or water.*
- *If losing weight, they should do so gradually. A steady loss of 1 to 2 pounds per week (until they reach the correct weight for their height) is safe and extra pounds are more likely to stay off if lost slowly. In order to stay slim, they probably need to learn better eating and exercise habits.*

f. EXERCISE

Being physically fit means more than looking good on the outside. What it really means is that muscles are strong and have endurance, the body is flexible, and the heart and lungs work efficiently. Different exercises affect physical fitness in different ways. Endurance exercises are the most important since they strengthen the heart and lungs. Swimming, jogging, bicycling, jumping rope and very brisk walking are examples of exercises which, if done nonstop for 20-30 minutes and at least 3 times a week (preferably every other day), will lead to being physically fit. Some hints for getting young women started exercising are:

- ***Start exercise programs slowly and build up gradually.*** *Trying to do too much too soon may cause discomfort and discouragement.*
- *Exercise with a friend or with a group. Find someone at the same level -- the goal is endurance, not competition.*

- ***Warm-up and cool-down exercises are important*** *to prevent muscle soreness and injury. Five minutes of gentle calisthenics will stretch and tone the muscles and improve flexibility. A few minutes of walking after vigorous exercise is a good way to cool down.*

- ***Exercise regularly.*** *It might help to make a chart tracking progress.*

9. PREGNANCY & PRENATAL CARE

Although it may be years before the young women in your group may want to have a baby, there are some facts they should be aware of. One in particular is that **there are many good reasons for not having a baby as a teenager.** However, once the menstrual period starts, it is possible to get pregnant. More than 1 million teenagers get pregnant every year. (For information on teen pregnancy, see the Resources section.)

Good health habits will help assure a healthy baby when a woman decides to become pregnant. And, when she is pregnant, these health habits become more important than ever. **Everything the woman does affects the unborn child.** The good health of both can be assured through the following:

- ***Exercise.*** *Moderate exercise 3 times a week will keep a woman fit, healthy and active.*

- ***Good Nutrition.*** *Eating a variety of foods from the four food groups (vegetables and fruits; breads and cereals; milk, cheese and yogurt; meat, poultry, fish and beans) each day will ensure the woman and her baby get the nutrients they need.*

- ***Avoid Alcohol and Drugs.*** *Excessive, regular use of alcohol or drugs during pregnancy can lead to a damaged infant at birth.*

- ***Avoid Smoking.*** *More women who smoke have babies that weigh less than average at birth. Low birth weight could threaten the baby's health and development.*

- ***See A Doctor Regularly.*** *Regular checkups will ensure awareness of the baby's development.*

A baby's development depends on a woman's own proper development. Because of this, **it is best to have a baby when past the teen years.** Babies born to girls under 15 tend to have more brain and nervous system disorders

than children born to mothers older than 15. Further, a baby born to a mother under 16 is more likely than the child of a mother aged 20-24 to die in the first year of life. **A woman should therefore be careful to have a baby when she is emotionally and physically ready.**

4. Resources

The resources listed on the following pages can help you get materials for your discussion. You may want to request these materials in advance and have them available for the session in sufficient quantities to allow each girl to have her own set of materials. Be sure to allow enough time for them to arrive before your group meets. You may also want to assemble a kit of materials for each participant, possibly including pamphlets, posters and novelty items like "no smoking" buttons.

As you contact the organizations listed here, you will probably find yourself being directed to additional sources, and we encourage you to seek out further contacts. You may want to develop a file of resources, as this information may be useful at a later date.

The following lists suggest agencies or groups that can provide books, pamphlets, brochures and other materials that contain useful, pertinent information. (Be advised that in some cases quantities may be limited.) Some of these groups may also be helpful in providing a speaker, films or additional publications suitable for teenage groups.

a. TEENS & HEALTH

Healthstyle, a Self-Test. *National Health Information Clearinghouse (NHIC), P.O. Box 1133, Washington, D.C. 20013. (800) 336-4797.*

This is a longer version of the two-page reprint included here. This pamphlet can help identify aspects of your present lifestyle that are risky to your health and makes suggestions to minimize or eliminate any risks identified. It is also available in Spanish.

The Teenage Body Book. *Kathy McCoy and Charles Wibblesman, Pocket Books, New York, NY, 1978.*

This excellent manual contains questions and answers, information and resources to help young adults explore alternative choices, values and beliefs.

Our Bodies, Ourselves. *The Boston Women's Collective, Simon and Schuster, 1974.*

This book is primarily by and for women, and extensively covers both sexuality and general health concerns.

Why Am I So Miserable if These Are the Best Years of My Life? *Andrea Boroff Eagan. Pyramid Books, New York, NY, 1976.*

This book was written for young women and covers the whole spectrum of adolescence from friendships and the psychology of changes to sexuality and self-determination.

YOU! The Teenage Survival Book. *Dr. Sol Gordon with Roger Conant. Quadrangle/New York Times Book Co., New York, NY, 1975.*

A self-help work (and fun) book, ***YOU!*** is a uniquely personal book, covering all aspects of adolescent survival (sexuality, school, emotional growth, love relationships and family life).

The Art of Helping. *Robert R. Carkhuff, Ph.D. Available from: Human Resources Development Press, Box 222, Amherst, MA, 1973.*

A basic, but complete, book with specific information on interpersonal and human relations skills needed for problem-solving. Excellent resource for group leader and students.

"Teen Sex? It's Okay To Say No Way." *Planned Parenthood Federation of America, 810 Seventh Avenue, New York, NY 10019.*

Easy-to-read pamphlet about teens who have chosen not to "do it." Discusses choices and decisionmaking.

Changing Bodies, Changing Lives. *Ruth Bell, et al., Random House, New York, NY, 1980.*

This book provides information about changes that occur during the maturation process. Topics include emotional, physical and sexual health.

Myth Information Game. *Family Life Publications, Box 427, Saluda, NC 28773. (704) 749-4971 or 4981.*

A sex information game for families and other groups. Acquaints players with myths and truths about human sexuality and helps players express their own attitudes towards the subject. $9.95.

"What You Should Know About Cancer." *National Cancer Institute, Office of Cancer Communications, Bethesda, MD 20205.*

Pamphlet also available in Spanish.

b. BREAST SELF-EXAM

Breast Self-Examination Training Model. *Spenco Medical Corporation, P.O. Box 8113, Waco, TX 76710. (817) 772-6000.*

Includes teaching cassette. Designed to teach a person how to examine breast tissue. $45.

"Breast Exams: What You Should Know." *National Cancer Institute, Office of Cancer Communications, Bethesda, MD 20205.*

Pamphlet also available in Spanish.

American Cancer Society, *777 Third Avenue, New York, NY 10017.*

Contact your local chapter for free pamphlets, posters and speakers on breast self-exam.

Planned Parenthood Federation of America, *810 Seventh Avenue, New York, NY 10019.*

Check with your local office for pamphlets, films, posters, books and speakers which discuss and demonstrate breast self-exam.

C. PELVIC EXAMS & PAP TESTS

"Female Physical Exam." *National Clearinghouse for Family Planning Information, P.O. Box 225, Rockville, MD 20852.*

Basic description of female gynecological exams. Available in Spanish.

"This is You." *Rocky Mountain Planned Parenthood, 1852 Vine Street, Denver, CO 80206.*

This well-illustrated pamphlet (with glossary) discusses the pelvic exam, hygiene and preventive health care for women.

"Don't Put Off Your Pap Smear." *Searle Laboratories Publications, Box 5110, Chicago, IL 60680.*

This free pamphlet highlights the importance of a Pap test in cancer detection. Uses humorous illustrations.

Planned Parenthood Federation of America, *810 Seventh Avenue, New York, NY 10019.*

Check with the local office for pamphlets, films, posters, books and speakers. They may have films which discuss and demonstrate Pap tests and pelvic exams.

National Cancer Institute, *Office of Cancer Communications, Bethesda, MD 20205.*

d. PREGNANCY & PRENATAL CARE

Preparenthood Education Program (PEP) Kit. *March of Dimes, P.O. Box 2000, White Plains, NY 10602. (914) 428-7100.*

Complete guide for preparenting education, including leader's guides, posters, fact sheets on fetal development and comic books on nutrition and prenatal care. Also available in Spanish. $33.

"Healthy Mothers, Healthy Babies" *Health Promotion Program. NHIC, P.O. Box 1133, Washington, DC 20013. (800) 336-4797.*

The "Healthy Mothers, Healthy Babies" program is designed to provide information to pregnant women and women planning a pregnancy.

"Recipe for Healthy Babies." *March of Dimes, P.O. Box 2000, White Plains NY 10602.*

"Drugs, Alcohol, Tobacco Abuse During Pregnancy. *March of Dimes, P.O. Box 2000, White Plains, NY 10602.*

"Be Good to Your Baby Before it is Born." *March of Dimes, P.O. Box 2000, White Plains, NY 10602.*

e. SMOKING

Smoking Programs for Youth. *National Cancer Institute, Office of Cancer Communications, Bethesda, MD 20205.*

"Clearing the Air: A Guide to Quitting Smoking." *National Cancer Institute, Office of Cancer Communications, Bethesda, MD 20205.*

Also available in Spanish.

Smoking and Health: An Annotated Bibliography - School Edition. *National Cancer Institute, Office of Cancer Communications, Bethesda, MD 20205.*

This bibliography lists 125 sources of teaching aids for smoking education.

Office on Smoking and Health, *Smoking Information Center, 5600 Fishers Lane, Room 158, Park Building, Rockville, MD 20857. (301) 443-1575.*

Free pamphlets available on smoking and its effects on women. A smoking self-test (designed for young people) and teacher's guide are available.

American Lung Association, *1740 Broadway, New York, NY 10019.*

Local chapters have free pamphlets and posters on smoking and may have speakers available for youth groups.

American Cancer Society, *777 Third Avenue, New York, NY 10017.*

Contact your local chapter for free pamphlets, posters and speakers on smoking.

f. NUTRITION, DIET & EXERCISE

Taking Charge of Your Weight and Well-Being. *Joyce D. Nash and Linda Ormieton Long. Bull Publishing Co., New York, NY, 1978.*

This manual sets forth a program incorporating some of the newer behavioral techniques which have proved effective, including suggestions for keeping self-image in step with physical changes. Information on nutrition, including a food exchange system and guidelines on eating for a healthy heart, is an important part of this approach. The integral role of exercise and increased activity is emphasized.

American Heart Association, *44 East 23rd Street, New York, NY 10010.*

Check with your local office for pamphlets and other materials on nutrition and exercise.

Act Thin, Stay Thin. *Richard B. Stuart, W.W. Norton and Co., New York, NY, 1977.*

The book offers techniques to help change behaviors, take off weight and keep it off.

A Diet for Living. *Jean Mayer. Pocket Books, New York, NY, 1976.*

This book discusses food facts and myths, vitamins, buying and preparing food and weight control.

Consumer Information Catalog. *Consumer Information Center, Pueblo, CO 81009.*

Identifies consumer publications on topics such as food, nutrition, health, exercise and weight control. Other consumer publications are also available.

g. ALCOHOL & DRUGS

Center for Multicultural Awareness, *2024 Columbia Pike, Arlington, VA 22204.*

Prevention materials sensitive to many cultures, including Hispanic, have been developed by this project funded by the National Institute on Drug Abuse. Materials include pamphlets, posters and annotated prevention bibliographies for minorities.

"Drug Abuse Prevention for You and Your Friends." *National Clearinghouse for Drug Abuse Information, 5600 Fishers Lane, Room 10A43, Rockville, MD 20857.*

"Deciding About Drugs: A Woman's Choice." *National Clearinghouse for Drug Abuse Information, 5600 Fishers Lane, Room 10A43, Rockville, MD 20857.*

This pamphlet is designed to help women deal with stress and explains why drugs are not the answer.

"Let's Talk About Drug Abuse." *National Clearinghouse for Drug Abuse Information, 5600 Fishers Lane, Room 10A43, Rockville, MD 20857.*

This pamphlet presents many of the questions about drugs that concern young people and adults. The answers to these questions can be a good beginning for a discussion about drug abuse and prevention.

"Alcohol: Some Questions and Answers." *National Clearinghouse for Alcohol Information, P.O. Box 2345, Rockville, MD 20852.*

This pamphlet answers questions concerning the effects of alcohol on the body and the reasons why people drink.

"Teaching About Drinking." *National Clearinghouse for Drug Abuse Information, 5600 Fishers Lane, Room 10A43, Rockville, MD 20857.*

Suggests classroom techniques for encouraging safe drinking attitudes. (For group leader.)

"Is Beer a Four Letter Word?" *National Clearinghouse for Drug Abuse Information, 5600 Fishers Lane, Room 10A43, Rockville, MD 20857.*

Contains project ideas, materials and suggestions designed to interest young people in alcohol-related issues which affect them. (For group leader.)

"All about Alcohol." *Do It Now Foundation, P.O. Box 5115, Phoenix, AZ 85010.*

"Alcohol--How It Can Affect Your Health, Nutrition, and Vitamins in Your Body." *Do It Now Foundation, P.O. Box 5115, Phoenix, AZ 85010.*

h. RESOURCES FOR WORKING WITH GROUPS

These publications can help you to develop your ability to work with youth groups, especially in terms of communications and group process skills. You may also want to participate in workshops and classes that teach group process skills.

100 Ways to Enhance Self Concept in the Classroom. *Jo Canfield and H.C. Wells, Prentice-Hall, Inc., Englewood Cliffs, NJ, 1976.*

The techiques described are designed to enhance self-esteem and sense of identity. Topic areas include building a supportive environment, increasing awareness of individual strengths, enhancing personal identity, encouraging self-acceptance, developing goals and improving relationships with others.

Joining Together: Group Theory and Group Skills. *D.W. Johnson and F. Johnson, Prentice-Hall, Inc., Englewood Cliffs, NJ, 1975.*

This book is suggested for the group leader with some experience in leading groups, and discusses the theory of group dynamics and provides numerous skill-building exercises for use in small groups. Experiental exercises in leadership, decisionmaking, problem-solving, team-building, conflict management and personal and group power offer a repertoire of learning experiences for use with teenage peers in small group situations.

Many films and videotapes are available free or at low cost from a variety of sources. We suggest that you check with some local resources to see what films are available in your community. Organizations such as Planned Parenthood and the March of Dimes may have some useful materials. The following are also good contacts for films.

Educators Guide to Free Films. *Education Progress Service, Randolph, WI. (414) 326-3126.*

This is revised annually and contains both films and filmstrips. Cost is $20.50 plus $1.55 postage. Check with your local library or school for a copy of this book.

Recent Health Films. *Educational Film Library Association, 345 East 46th Street, New York, NY. (212) 246-4533.*

An Index and Guide to Free Educational and Classroom Films. *Modern Talking Pictures Service, Nine Rockefeller Plaza, New York, NY. (212) 765-3100.*

I. FOR MORE INFORMATION

The list below suggests agencies or groups that may be in your community which offer services to teenagers. Contact local or national chapter for further information.

- *County or city health department*
- *Boys clubs/Girls clubs, Girl Scouts, Police Athletic League, Campfire Girls*
- *Civic groups, fraternities, sororities*
- *Arts and recreation programs*
- *Schools, PTAs*
- *Public libraries*
  - These may be able to assist you in locating films, books and pamphlets. You may also want to use their community room for your meeting.
- *Planned Parenthood*
  - Some Planned Parenthoods have peer educators. These are teenagers who have had special training in order to help give their peers information. Contact your local chapter for more information.
- *YMCA, YWCA*
  - Services vary within each area. Call the office in your region for more information.
- *Red Cross*
  - Check with your local chapter about programs and courses of instruction on topics such as alcohol, basic first aid, health and safety.
- *Metropolitan Life Insurance Company, One Madison Avenue, New York, NY 10019.*
- *Equitable Life Assurance Society of the United States, Office of Community Services and Health Education, New York, NY 10019.*
- *Blue Cross/Blue Shield*

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National Cancer Institute

U.S. Department of Health and Human Services
Public Health Service, National Institutes of Health
National Cancer Institute